

DOCKET NO. 04-191
242-203

**CERTIFIED
MAIL**

ORDER DATED 7/23/04
FCC 04-1492
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: *04-191
San Francisco Unified School
District
500 Mansell Street
San Francisco, CA 94134

C. R. R. NO.

BY

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$ 32	Postmark Here
Certified Fee	2.00	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 34	
Sent To SAN FRANCISCO School Street, Apt. No. or PO Box No. 500 MANSSELL ST. City, State, ZIP+4 SAN FRANCISCO CA 94134		

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

*04-191
San Francisco Unified School
District
500 Mansell Street
San Francisco, CA 94134

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Is the delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7002-0510-0003-8378-8345

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952